	IT APPLICATION F Substitute	EE DETERMINAT	HON RECC	RD	. 1	Assessed Oct	sockel Hum	per
· APP	LICATION AS FILED.		-			10/6	3/119	
	(Column 1)	(Column's)	. 61	KALL ENTI	ſΥ	OR· ·	OTHER T	HAN .
FOR FEE	NUMBER FILED	HUMBER EXTRA					MALL EN	IIIY
.16(a), (b), or (c)) FEE			PATE	P FE	E(1)	PATI	[1]	FEE (1)
1.10(K), (1), or (m))		÷ .	7			·		<u>'</u>
(ATION FEE 1.16(0), (0), or (91)			1					
CLAIMS 1.16[1])	-minus 20 =		1				. •	
NDENT CLAIMS		e e . Austria	×	=		DR X	. 4	
	If the specification and c	Imwings exceed 100	X	•	~· *· ,·	×	-	• • • • • •
TION SIZE	THOUSE OF UKING, INC.							
.16(e))	le \$250 (\$125 for small additional 50 sheets or fi	racion thereof. See		1.			.1	1
E DEPENDENT OF	35 U.S.O. 41(a)(1)(0) at AIM PRESENT (8) OFR 1.16	10 3/ OFR 1.18(6).	<u> </u>			1.	•	· · ·
					_		-	
•	te tene than zero, enter .0. H	•	TOTAL			TOTAL		
. APPLICATION	DN A8 AMÉNDED — F	'ARTII · .		***************************************	- A	·	· • • • • • • • • • • • • • • • • • • •	-
(Oplur	nn 1) (Ooli	umn 2) (Column 3)				, , , , , , , , , , , , , , , , , , ,	\$ 100 pm and a a	‡
OLY REMA	IMS HIGH	EST	SMAL	ENTITY	<u>~~</u> ; ○	R . OII	LL ENTIT	· · ·
. AFT		JUBLY EXTRA	RATE (f)	- ADDI-	1.	RATE (\$)		DI-
1.16(I) 1/C	/ Minue. ** O	2 -	0.5	FEE	<u> </u>		TIO	NAI F
deni 2			× 85 =	1	ÖR	x.50	E	7
idon eta fee (37 i	DFR 1.16(s))		×/00 =	-	OR	x200.		
REDENTATION OF A	AULTIPLE DEPENDENT OLAIM	(57 OFR 1.16(I)) -	180		140	Byes w	Q. 11 72	weterd
• •			TOTAL		OR	360		
-8-07 (Column	1)		ADD'L FEE		OR	TOTAL ADD'L FEE		
CLAIM REMAIN	8 - HIGHE				·			
AFTER	PREVIOU	SLY EXTRA	RATE (\$)	ADDI-		RATE (\$)	ADDI	. ,
07	Minus " ZO			FEE (\$)	1 1		TIONA FEE R	r
(N) 3.	Minus " 2		X =		O.R	X E	0	1.
n Size Fee (97 OF		- 0	Х, п		OR	X #	0	
•	TIPLE DEPENDENT OLAIM (Y OFR (18m)		-				
**************************************				• • •	OR		. 0	
la column de la la	(h (f		TOTAL ADD'L FEE	:		TOTAL		
est Kumber Previo	than the entry in column 2, busly Paid For" IN THIS SPA	write "0" in column 9.	L.	لبسبنا		ADD'L FEE		
I Number Pravious	ely Dold End Market	C. 13 less iusu 8' eu(et 3	•.		,			1
ilormation is requi	lied by 37 CFR 1.16. The lipholish shall all the completed and by brilling the completed and the complete completed and the complete compl	niormalion is required to	oblain or relain	a benefit Aug	box in coli	ımn 1.		
West over the state of the	mand madded a factor of the	panoli lottii to the OSPTO	Time will you	dan	indiburto 4	AND JE HILLING	A 16. COUNDIES	(Bywhaire see in
ce. U.S. Departma	nt of Commerce, P.O. Box 1 oner for Palents, P.O. E		ALCO PROGRAMME TO THE	THE PERSON NAMED IN	pon the Inc	dividual case. A	ny commen	nls .

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.